

The IDVA Update

IDVA Annual Conference

The IDVA annual conference will be held 25- 28 June 2001 at the Holiday Inn / Central Indiana Conference Center in Lebanon, Indiana. Rooms are set aside for us and advance reservations need to be made 30 days in advance and the first nights deposit must be secured by calling the hotel at 1-800-499-3339.

The intent this year is to bring more instruction on how to access benefits like the Veterans Home in West Lafayette and the Knightstown Children's Home. And to involve more of the veteran CVSO's in the training program. Some senior CVSO's are looking at the possibility of offering some evening instruction that will enhance the skills of those who are interested.

The agenda is not yet complete. We will get more complete data to the attendees as soon as possible.

Editors Note:

In an e-mail I sent out some time ago I used the word "guaranteed" in reference to the rooms at the hotel. I have subsequently had the meaning of that word explained to me in reference to hotel rooms in a conference setting. I was wrong. You need to make your reservations as soon as possible and not less than 30 days in advance. I will not make that mistake again.

JPK



Governor O'Bannon presents the keys to 6 houses on Warrman St. to Mr. Richard Schwarz, Chairman of the Board of the Hoosier Veterans Assistance Foundation.

Hoosier Veteran Assistance Foundation Receives Keys For a New Center

Governor Frank O'Bannon presented the keys to six houses on Warman Street to the Hoosier Veterans Assistance Foundation on Friday the 23rd of March 2001. The six houses were originally quarters for senior staff at the former Central State Hospital, which has been closed for several years.

Don Moreau, President/CEO of the Hoosier Veterans Assistance Foundation says that the houses will be used as residences for homeless veterans who are in transition. One of the houses,

the former residence of the Superintendent of Central State, will become an intake center for veterans just coming into the Foundations programs.

New County Service Officers



Les Walden, Clay County VSO

Les Walden has been appointed as the service officer in Clay County. Les retired from the US Air Force after 20 years of service, returned to Indiana, spent 22 years working for Pinkerton, Inc. as a District Supervisor, retired again, and took this job "just to keep busy".

The majority of Les' time in the Air Force was spent as an Investigator for the Air Force Office of Special Investigations. He met his wife Ann while working for OSI here in Indiana doing background checks.

He and his wife, Ann, have 5 children, one daughter still at home, two sons and a daughter living and working in central Indiana, and a daughter who moved to Pittsburgh, PA, to work as a stock broker.



Richard Jones, Jefferson County

Richard Jones is the new service officer in Jefferson County. Richard served in the U. S Army from May 1967 through Dec. 1970 as a Chief Warrant Officer, flying helicopters. His most significant tour was Sept 1968 through Sept 1969 flying in Vietnam.

After the Army Richard returned to school, became an educator, and spent 20 years working at several colleges and universities around the midwest ending at Hanover College in Hanover.

In addition to being the service officer in Jefferson County, Richard and his wife, Pamela, own a Bed and Breakfast in Madison and are busy raising two daughters Sarah who is 15 and Ann who is 14.



Richard Adams, Switzerland County

Richard Adams, the new service officer in Switzerland County, is also an Air Force retiree. Richard spent 22 years as a security police officer in the Air Force, one term as a county sheriff in Nebraska, 3 years as a member of the Nebraska Crime Commission and decided he had had enough of crime and punishment. He returned to school in Idaho and after graduation became a nursing home administrator. Transferred to California in that capacity, retired again, and finally returned to Indiana.

He and his wife, Leona, currently reside in Switzerland County. He has two children, one residing in Idaho the other in Nebraska.

Richard had one tour in Vietnam serving at Kanto Air Base in 1967 and 1968.

Bill Watch 2001

The following is a list of the bills we are watching for this session and their status as of 1 April 2001:

Senate Bill 346:

This bill sets up a perpetual fund for the maintenance of the Veterans Memorial Cemetery in Madison.

This bill has passed the Senate and is awaiting a hearing in the House Ways and Means Committee.

Senate Bill 246:

Allows a veteran to hunt and fish without a license.

This bill is awaiting a hearing in the Senate Committee on Natural Resources

Senate Bill 158:

Adds disabled veterans and ex POW's to the list of those eligible for a Golden Hoosier Passport at no charge. The Golden Hoosier Passport allows 50% discounts at all Indiana State Parks and park facilities.

This Bill has passed the Senate and is awaiting its second reading in the House having passed out of the Agriculture, Natural Resources and Rural Development Committee of the House with a recommendation of "amend do pass".

Senate Bill 159:

Group recognition license plates for automobiles. Groups include Vietnam Era, Korean Era, and Silver Star, among others.

This bill is awaiting a hearing in the Senate Committee on Transportation and Interstate Cooperation

House Bill 1577:

This Bill is the mirror of Senate Bill 346 and sets up perpetual funding for the Veterans Memorial Cemetery in Madison.

This bill has passed the House and is in the Senate Committee on Public Policy awaiting a hearing.

House Bill 1475:

This bill changes the admission requirements for the Indiana Veterans Home in West Lafayette. It reduces the requirement for residency from 5 years to 3 years immediately preceding application.

This bill has passed both houses, with amendments in the Senate. The House has concurred with the Senate amendments and the bill will be forwarded to the Governor for signature.

House Bill 1219:

This Bill allows reduced fees for hunting and fishing licenses for service connected disabled veterans, among other things.

This bill passed the House and awaits a second reading in the Senate

House Bill 1234:

Provides that an individual or the individuals' surviving spouse is entitled to a \$6,000 income tax deduction for income received from active or reserve military service. (this is an increase from the current \$2,000).

This Bill awaits a hearing in the House Ways and Means Committee.

Treasury Begins Collecting Delinquent Debts from Social Security

This story is a news release from the USDVA

WASHINGTON — The Treasury Department has begun sending letters to about 243,000 veterans to remind them that they owe the federal government, and that money can be taken from other federal checks to settle their debts.

For the first time, portions of a monthly Social Security check can be withheld by the Treasury to settle debts that veterans owe to the Department of Veterans Affairs (VA).

Federal law says that when veterans owe more than \$25 to VA, and the debts are more than 180 days overdue, VA officials must report the debts to the U. S. Treasury Department. VA has referred approximately 243,000 names of veterans to the Treasury Department, with debts valued at more than \$75 million, which averages to about \$300 a veteran.

Veterans affected by the withholding will always receive the first \$750 of each month's Social Security payment. Only 15 percent of the amount greater than \$750 can be withheld. Veterans can avoid any loss of Social Security or other federal payments by voluntarily settling their debts with VA.

Deductions will begin this spring. The Treasury Department will notify veterans twice (at 60-day and 30-day intervals) in writing about the anticipated deductions. The letters will include the name of the VA agency that is owed money and a point of contact who will answer questions regarding the delinquent debt.

The Treasury Department is responsible for collecting the debts from other income including income tax, federal retired pay and now Social Security (but not Supplemental Security Income). In the future, the Treasury will begin docking federal retired pay, military pay or military retired pay, Railroad Retirement Board benefits (but not "Tier 2" benefits), Black Lung Program payments (Part B) and other federal payments made to individuals. Veterans will be notified before any new offsets.

Many of the veterans affected by the mailing have been treated in VA medical facilities for health care conditions not related to their military service. For that care and for some prescribed medication, they are responsible for co-payments. Additionally, some recipients of disability compensation and VA pensions may fall into the Treasury offset program because of debts, usually for overpayment of their benefits.

In July 2000, VA mailed a letter to each veteran notifying him or her of an outstanding debt, providing a local contact, and encouraging the veteran to request a hearing or to make payment arrangements to avoid further action. Those who took no action or did not pay their debts were referred to the Treasury Department.

Veterans with questions about whether they have VA debts should contact the VA medical centers where they received care.

Camp Lejeune Health Risk Survey

Camp Lejeune Survey Participants Still Sought:

The Marine Corps is still seeking Marine families who conceived children while living in Marine Corps Base (MCB) housing at Camp Lejeune

from 1968 through 1985 to participate in a health survey regarding these children. A Marine Corps press release reports that the health survey focuses on compounds that existed in low amounts within the MCB Camp Lejeune water distribution system between 1965 and 1985 and gathering data about the effects these substances may have on children when exposed before birth. If you or someone you know were pregnant and lived aboard MCB Camp Lejeune between 1965 and 1985, you are encouraged to participate in the survey whether or not your child has exhibited any adverse health symptoms. To participate, call the National Opinion Research Center (NORC) at (800) 639-4270. NORC can also be reached via e-mail at <4827-lejeune@norcmail.uchicago.edu>. For more general information about the survey, call the Agency for Toxic Substances and Disease Registry (ATSDR) at (888) 422-8737, extension 5132. The Marine Corps has also established a toll-free contact number at (877) 261-9782. Information is also available on the following Web Pages:
<http://www.lejeune.usmc.mil/water/watersurvey.htm>, <http://www.usmc.mil/camlejwatersurvey> and <http://www.atsdr.cdc.gov/NEWS/lejeune.html>
 [Source: NAUS Update 16 FEB 01]

VA Benefits for Former Prisoners Of War

VA Press Release

Former American POWs are eligible for special veterans benefits, including medical care in VA hospitals and disability compensation for injuries and diseases caused by internment. These benefits are in addition to regular veterans benefits and services to which they, as veterans, are entitled.

Nearly a third of the Americans held prisoner in the last five conflicts are now living. Records show that 142,232 Americans were captured and

interned during World War I, World War II, the Korean War, the Vietnam War, the Gulf War, and the Somalia and Kosovo conflicts. This includes 81 women seized on Guam or in the Philippines during World War II, and two during the Gulf War.

Of that total, an estimated 46,417 were living as of Jan. 1, 2001. This includes one from World War I, 43,194 from World War II, 2,593 from the Korean War, 602 from the Vietnam War, 23 from the Gulf War one from Somalia and 3 from the Kosovo Conflict.

Congress defines a prisoner of war as a person who, while serving on active duty, was forcibly detained by an enemy government or a hostile force during a period of war or in situations comparable to war.

Compensation

Studies have shown that the physical hardships and psychological stress endured by POWs have life-long effects on health and on social and vocational adjustment. These studies also indicate increased vulnerability to psychological stress.

The laws on former POW benefits recognize that military medical records do not cover periods of captivity. A former POW is eligible for disability compensation if any of the following disabilities are found at any time at a compensable level (at least 10 percent disabling):

Vitamin deficiency, including diseases such as beriberi and pellagra, chronic dysentery, helminthiasis, malnutrition, and miscellaneous nutritional deficiencies.

Residuals effects of frostbite.

Post-traumatic osteoarthritis.

Psychosis, any of the anxiety states, dysthymic disorder, peripheral neuropathy.

Irritable bowel syndrome.

Peptic ulcer disease.

Ischemic heart disease (if there was localized edema during captivity).

For POWs detained for 30 days or more it will be presumed that the disability was incurred in, or aggravated during, military service unless there is evidence of some other cause.

Compensation is paid based on the degree of disability. Veterans rated as 30 percent or more disabled qualify for additional benefits based upon the number of dependents. Dependents of those rated 100 percent disabled may qualify for educational assistance.

Spouses of veterans who die as a result of service-connected disabilities are eligible for dependency and indemnity compensation. Spouses of veterans rated 100 percent disabled who die of a non-service-connected condition also are eligible under certain conditions depending on how long the veteran held the 100 percent disability rating.

Medical Care

Former POWs are not subject to VA's health-care eligibility assessment and are entitled to VA hospital care. VA may provide outpatient care without limitation to former POWs. POWs held for more than 90 days are eligible for dental treatment. Those held for less than 90 days are eligible for dental treatment for service-connected, noncompensable dental conditions.

POW coordinators are assigned to each VA regional office and medical center. Former POWs can contact VA regional offices by calling a toll-free number: 1-800-827-1000. Callers are automatically connected to the nearest VA regional office.

Nationwide Guidelines Improve Veterans' Diabetes Care

VA press release

A retired entrepreneur who came to a Department of Veterans Affairs outpatient clinic in Brick, N.J., two years ago quickly learned how important it is for someone with diabetes to heed the advice of doctors and take control of his life.

Ronald Kulka, 67, had several medical problems, including cancer and heart disease, when he came to the VA medical system. He's happy with his VA doctor, Richard C. Stark, but nothing receives more attention than his blood sugar and cholesterol levels, blood pressure, feet and eyes – all monitored regularly as key elements of diabetes control.

"I have to keep my sugar under control. I'm watching my fat intake. It's very hard," says Kulka.

One of 16 million Americans with diabetes, Kulka is treated by a VA physician who, like all VA clinicians treating the disease, follows clinical guidelines for performing particular exams. Those exams, and their findings, are recorded and monitored at VA regional network offices. Independent abstractors review a number of medical charts from each VA medical center every month. This performance measurement system to monitor veterans' care is in the third year of nationwide use. The findings are available for VA clinicians nationwide to see and compare on their computers.

One of Stark's goals for his patient was to reduce his blood sugar level, which Kulka did through diet and medications. Kulka has his blood tested regularly for its average glucose (sugar) level, a regimen dictated by the VA guidelines. Glucose attaches to hemoglobin A, a protein in red

blood cells, and forms hemoglobin HbA1c. Blood sugar level is measured by the percentage of the A1c type in the hemoglobin – the average glucose level in blood over three to six months. Kulka's has come down from 8.6 to 7.7. Getting and maintaining the A1c level under 8 is the target for Kulka, as for many diabetics.

VA clinicians have a high rate of administering the HbA1c test to diabetic patients. "It's the most effective way to look at the patient's long-term control of blood sugar and 93 percent of our patients receive the test," says Leonard Pogach, M.D., VA national program director for diabetes and chief of endocrinology at the VA New Jersey Healthcare System.

The test for glucose is just one measure of care for VA's diabetic patients. Another, given annually, is for cholesterol. The LDL, or "bad," cholesterol level Stark wants for Kulka is less than 130 milligrams per deciliter because this "bad" cholesterol can lead to stroke or heart disease, and the patient already has heart disease.

And since hypertension commonly occurs with diabetes and itself can lead to stroke and heart attacks, Kulka wants to keep his blood pressure at 130 (systolic) and 85 (diastolic).

At least once a year, he has an eye exam and a foot exam. Diabetes can damage tiny blood vessels in the retina of the eye. Untreated, this retinopathy can lead to blindness. Fortunately, Kulka has no eye problems. Diabetes often damages the nervous system, impairing sensation in feet or hands that are easily injured. Kulka is diligent about checking his feet for any appearance changes; although foot amputations in diabetics have declined in recent years, he does not want to be among the eight diabetic patients per thousand who lose a limb.

Another risk of high blood sugar levels in diabetes is kidney damage. If it progresses, it leads to end-stage renal disease, or kidney failure. VA's guidelines call for at least yearly urine tests for protein that detect early kidney damage.

Because the worst complications of diabetes are vascular – problems for heart, eyes, feet and kidneys – these exams are also mandatory. Of VA's patients receiving the HbA1c test, 63 percent have kept their glucose level below the target eight percent. Over 75 percent of diabetic veterans receiving cholesterol testing have an LDL that is lower than the target of 130 mg/dl. Rates have improved over the years that VA has been tracking these data.

Educating patients – and their caregivers -- is a big part of VA's approach in treating diabetes. The performance measures are key to keeping VA clinicians up to date on treatment approaches. Caregivers are informed through videoconferences and by colleagues who champion implementation of the guidelines. Part of what they stress is that patients must understand how to care for themselves, too.

For this increasing effort, the American Diabetes Association has recognized 28 VA medical centers for their diabetes self-management education programs.

William Jackson	317-232-3922
Stephen Steed	317-232-3165
Jon Brinkley	317-232-3919
Jim Kiser	317-232-3921
Judy Holgate	317-232-3922
Ken McIntosh	317-232-3916
John Piper III	317-232-3914
Beverly Inman	317-232-3917
Marcia Hines	317-232-3910